

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 631173	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51				
2							52				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND	4						TOTAL IND.				
TOTAL DEP	16						TOTAL DEP.				
TOTAL CLAIMS	20						TOTAL CLAIMS				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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